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Communications.

ACUTE BRIGHT'S DISEASE.

BY E. P. HURD., M. D.,
Of Newburyport, Mass.

Case 1. A. B., aged 36, an industrious mechanic, sent for me on the evening of September 9th, ult. Was suffering from fever and general anasarca. Both had come on within forty-eight hours, from exposure to cold and wet. Urine was almost suppressed, and of reddish or smoky appearance. Heat and nitric acid gave a copious curdy deposit of albumen. Diagnosis, Bright's disease, from cold, the poison that was irritating the kidneys, retained and altered excretions. Treatment: Warm bath; liq. ammon. acet., with ipecac. and aconite; mustard paste over loins; pulv. jalap co. to be taken tomorrow.

Sept. 10th. Vial of patient's urine has stood all night inverted; deposit on cork, submitted to microscopic examination, showed renal epithelium in abundance, this mostly spheroidal, from the tubules; most of the cells with central nucleus, but many of them granular; abortive epithelium; a few transitional cells from pelvis; free nuclei; blood corpuscles; one or two blood casts; numerous epithelial casts; a quantity of pigmentary matter; reaction faintly acid; sp. gr. 1025. Mr. B. had had a comfortable night. Urine more copious, and of lighter color. Had had a free movement of bowels; no perspiration; heat of skin, as tested by thermometer, 103°; tongue much coated, but moist; headache and nausea gone.

From this time forth there was gradual amelioration; urine becoming more abundant, and the desquamative products lessening. Quantity of albumen on heat and nitric acid, at first large, but steadily diminishing. Anasarca subsiding. Considerable diarrhœa, which was for some time suffered to run on. His medicine was changed to infus. digitalis, ℥ss every six hours. To this, tinct. fer. sesquichlorid, in ten-drop doses, was subsequently added. At the time of this writing (Oct. 17th) Mr. B. is quite recovered.

Case 2. Mary D., aged 10 years. Had nearly recovered from a mild attack of scarlet fever, when general anasarca, with fever, set in. Urine scanty, and of smoky tint. Excoriated the urinary passages. This was afterwards found to be in consequence of a lithate deposit within the urinary passages, and especially of urate of soda, hedge-hog crystals of which were abundant. Obstinate vomiting and diarrhœa; drowsiness and hebetude.

Urine, on being examined for albumen, gave copious curdy precipitate, by heat and nitric acid. Microscopically, beside the saline deposit above alluded to, blood, epithelial and granular casts, the granular predominating. Free blood globules, and desquamated epithelium.

I regret to say that the urine was not tested for urea.

Pyrexia was intense, the body temperature, as estimated by the thermometer, being 105°. Tongue and mucous membranes dry.

In this case all medicinal treatment proved unavailing, on account of the persistent vomiting The poison, whether it were urea, or a re-accumulation of the original scarlatina virus, that was doing the mischief, seemed to concen-

trate itself on the mucous membrane of the gastro-intestinal canal. Yet the vomiting was not marked, except after drinking. Everything was rejected. Small pieces of ice, even, shared the fate of the various anti-emetic remedies that were tried. It was decided, at length, to let the stomach alone, and to rely on outward applications and warm baths. Hot fomentations were assiduously employed over the loins and epispastics applied to the stomach. A warm bath night and morning. Diarrhœa suffered to continue.

The third and fourth days there seemed to be a little improvement. The gastric irritability had, in a measure, subsided. The patient could now keep down small quantities of nourishment, clam broth, mutton and beef teas. Quantity of urine sensibly increased; the morbid deposits still conspicuous.

R.	Infus. digitalis	ʒj	
	Spts. eth. nit.	ʒss.	M.

To be taken every four hours.

On the morning of the fifth day the little patient seemed bright and cheerful, with lessened fever, and some appetite; but there was small bubbling at the base of the lungs, and the sputum had a bloody tinge. From this out, symptoms became alarmingly worse, severe pneumonia set in, which carried her off in forty-eight hours. No post-mortem was allowed.

I have often remarked that scarlet fever, or scarlatinal dropsy, attended with long continued vomiting or purging, resisting all treatment for several days, is almost sure to be fatal. Also that pneumonia is one of the most dangerous complications that can attend scarlatinal dropsy.

The acute form of Bright's Disease is generally readily amenable to treatment, or rather, needs very little treatment. Recovery is the rule, and death the exception. The dropsy sometimes attending pregnancy is generally characterized by the presence of albumen in the urine, tube casts, granular, hyaline, or epithelial, and all the characteristic marks of acute Bright's Disease. This complication is ascribed to pressure on the renal veins by the gravid uterus. Such cases generally get rapidly well after delivery.

The acute dropsy following scarlet fever is attributed, by Niemeyer, to irritation of the kidneys by the scarlatina poison; there being in the system a renewal of the original virus, the primary fever having failed to eliminate all the poison. This view harmonizes with the fact that coincident with the first attack we often find the urine albuminous, and impregnated with fibrinous casts, epithelian, and other inflammatory products. In a great proportion of cases of scarlet fever, examination of the urine will show evidences of renal irritation; albumen, epithelium and tube casts being present from the first.

Convulsions constitute an untoward and always alarming symptom. I have, however, in a number of instances, witnessed recovery after convulsions, and in only one instance that I now remember, did death occur. That the eclampsia of Bright's Disease is due to uræmia is pretty generally conceded. I have myself demonstrated the marked decrease of urea in the urine of Bright's Disease, by both Davy's and Liebig's methods. * I have proved that with the increase in albumen there is a decrease in the relative amount of urea. Reports of some six cases, occurring while I was clinical clerk in the Montreal General Hospital, in 1865, I have elsewhere published. These embodied daily quantitative analyses of urea and albumen, for a series of weeks. Such examinations, however, require more time and painstaking than the general practitioner has to spare, and for practical purposes it is sufficient to determine the presence or absence in the urine of albumen and other inflammatory exudative or desquamative products. Roger called the disease we have been considering "acute desquamative nephritis." This is really the most expressive appellation by which we can characterize it.

Of all the different modes of treatment, the warm bath or vapor bath, is one of the most speedy and useful remedies, causing profuse perspiration and relieving renal engorgement by derivation to the skin. As for other diaphoretics, I have seen little benefit from any of them. That diuretics are really not contra-indicated, but do good, is, I believe, the opinion of most practitioners. Of these, the most serviceable is undoubtedly digitalis.

GUAIACUM IN THE TREATMENT OF ACUTE TONSILLITIS.

BY DR. R. J. FRITZINGER,
Of Ashland, Penna.

Contemplating for some time to send to the Reporter an article containing the details of the use of guaiacum in tonsillitis, but fearing that

my success might be exceptional, or that, in consequence, my opinion might be prejudiced, I withheld it, in hope of seeing a communication from some other source.

In the meantime, the report of the lectures of Dr. Cohen appeared, and the entire omission of any reference to this treatment forces me to the conclusion that the virtues of this remedy are by no means universally known. Not only in this complaint, but in all inflammatory conditions of the throat, will it be found highly useful. I cannot and do not claim priority in this application of guaiac, having seen it repeatedly recommended, but never have I found it occupying the just prominence due to its invaluable properties.

It is true that quinsy, as regards its fatality, is a trivial affection; but in view of the discomfort, distress and pain it causes the sufferer, it should engage our most earnest attention; and any addition to our therapeutical resources that has the power to cut it short in its incipiency, abort it, should be a matter of gratification.

Treating quinsy on "general principles" usually results in suppuration. The gasping respiration of a patient almost bordering on suffocation, is a sound exceedingly familiar. This degree of tumefaction is often reached before the physician is consulted, and, as fluctuation generally can be detected at this stage, suppuration will inevitably result. But if the swelling is very rapid, a decided degree of enlargement may exist, and still suppurative action may not be established in the body of the gland. Associated with this we have inflammation, and often œdematous swelling of the contiguous structures, the mucous membrane covering them and overlying and adjacent to the tonsils. In order to produce a curative effect upon the underlying gland a remedy is required that exerts a beneficial influence upon the superstructures also; and something that restores tonicity to the inflamed and flaccid uvula, the velum, and the arches. This general specific influence is concentrated in the remedy in question.

Whenever a remedy is discovered that is reputed to produce a specific effect, the concomitant comparison with quinine quite naturally follows; and in this instance this can be repeated again without detracting in the least from our sheet-anchor in all periodical diseases. I cannot, in language the most forcible, too strongly urge upon the profession the potency of this remedy in this particular disease. I do not wish to be understood to say that it is infallible; quinine fails, too; but the treatment of nearly a hundred cases, of all degrees of severity within described limits, with the resultant cure in every instance in which it was administered, should, most undoubtedly, bear some degree of strength and assurance with it.

The prominent phenomena resultant upon the administration of guaiacum are the following: First, locally, an astringent effect; second, a tendency to diaphoresis; third, laxative; fourth, a specific resolvent action upon the inflamed tonsil glands.

The only quality claimed that might be questioned is the local astringency; but this is clearly demonstrable by observing the tenacity of the exuded mucus immediately after the administration of a dose. Together with the decided relief it affords by its constringent effect upon the engorged and tumefied membranes, and thus, secondarily, upon the capillaries ramifying in the same, forcing the superabundant blood into the general circulation, this resolution, caused in this manner, this reduction of the calibre of the capillaries, brought about, secondarily, by local contact, is the true physiological action, accomplished, primarily, as the result of its internal exhibition. And this two-fold action, local and general, is what gives it so preëminently this specific controlment over the disease in question. But this reduction, unlike the action of ergot, is only exerted on the capillaries when they are morbidly distended.

I have repeatedly and successfully treated quinsy with tinct. guaiac alone, but its value appears to be enhanced by a combination, and as there are other symptoms to meet we modify our formula accordingly.

Acting upon the fact that chlorate of potash has proven efficacious in inflammatory affections of the mucous membrane of the mouth and throat, we include this; and as febrile disturbance usually is present, nitre proves serviceable. Formerly I was in the habit of alternating the tincture with a powder composed of potass. chlor. and nitre; but latterly I use the following formula almost exclusively:—

℞.	Potass. chlor.,	℥j
	Spts. æth. nitros.,	℥ss
	Tinct. guaiac,	℥iss.

Ft. sol.

Sig. A teaspoonful every three hours, in sweetened water.

If properly sweetened and diluted the reputed

disagreeable taste of the tincture will be found to exist more in fancy than in fact. As the local action plays a prominent part in the cure it always should be swallowed slowly. The use of astringent gargles should not be omitted.

OPIUM *VS.* BELLADONNA, WITH CASES OF POISONING,

In three separate classes, comprising those cases of opium poisoning treated with, and those treated without belladonna; also, of belladonna poisoning treated with opium.

BY T. CURTIS SMITH, M. D.,

Of Middleport, Ohio.

[Read before the Ohio Valley Medical Association, and requested to be published.]

The object of this investigation, which has cost me much time and labor, is to settle, if possible, the question of the antagonism of these agents, as to whether it exists or not. And if so, to what extent we may rely on one of them to counteract the poisonous effects of the other.

I think a careful examination of the cases will prove, beyond question, their antagonistic effects to a great extent. By this we do not mean that they are antidotal in any chemical sense whatever, but that their mode of physiological action is diametrically opposite, up to the point of producing profound poisonous effects, at which point their action of narcotism seems quite similar in result, but reached in a different manner. Opium seems to narcotize and paralyze by its powerful depressing influence, while belladonna reaches the same point by powerful over-stimulation.

At this point a comparative statement of the effects of the two drugs may not be out of place, or at least my opinion of their action.

Opium depresses the respiratory nerve centres.	Belladonna stimulates the respiratory nerve centres.
Opium slows the heart's action (generally) except during the first few minutes of its action.	Belladonna quickens the heart's action almost invariably.
Opium retards capillary circulation by permitting dilatation of the capillary vessels, which is caused by its depressing influence over the vaso-motor nerves.	Belladonna increases capillary circulation by increasing the force and frequency of cardiac contractions, and by contracting the capillaries through its stimulant influence over the vaso-motor nerves.
Opium, in ordinary doses, increases the force and fullness of the pulse, but lessens its frequency.	Belladonna increases the force and frequency of the pulse in ordinary doses.
Opium in lethal doses causes death by paralyzing the heart and respiratory nerves, through cerebral congestion, and secondarily permitting the poisonous accumulation of carbonic acid in the blood.	Belladonna in the lethal doses produces death by over-stimulation of the cardiac and respiratory nerves, paralysis of these nerves finally resulting from their over-stimulation.
Opium contracts the pupil by producing cerebral congestion.	Belladonna dilates the pupil and increases the flow of blood through the brain in a given time.
Opium is a powerful anodyne in non-lethal doses.	Belladonna is not an anodyne, only as a stimulant, the same as ammonia or alcohol may be.

These conclusions I have drawn from my own observation of the effects of the two drugs on the physical economy during the years of my practice. If not correct they are open to criticism. If correct we may easily see how, to a certain extent, the one antagonizes the other, namely, one being a nervous stimulant especially of the respiratory tract, and I am sure also of the heart through the nerves controlling its action; while the other depresses both of these organic centres, if we except the first few minutes of the opiate influence. Ammonia, alcohol, coffee, stimulant applications, etc., tend to antagonize the effects of opium, yet no one will claim an antidotal influence existing between them in any chemical sense, but simply that they act differently on the nervous system. So belladonna, by its dissimilar mode of action, proves its claim of antagonism to opium, and vice versa.

We have, however, some high in authority who claim that these drugs are in no sense antagonistic, but that the narcotism produced by one is intensified by the other. Prominent among this class stands Harley, of London,* who relates a series of experiments performed by himself, on animals and man, to prove or disprove this antagonism. It seems to me, however, that Harley's own statements disprove his conclusions. Let us refer to them for a moment. He states that he has found patients in whom the use of morphia or laudanum "produced† faintness, nausea, ending in vomiting and retching, with intervals of delirious somnolency for

* Gulstonian Lecture, 1868. *American Journal Medical Science*, Oct. 1868, p. 548.

† Loc. cit.

eight or nine hours. By repeated experiments upon these individuals I have found that the previous or simultaneous use of a small dose (one-ninety-sixth of a grain) of sulphate of atropia entirely prevents these distressing and often alarming symptoms; and I have even arrested them after they have been fully developed by the subsequent use of atropia. *It is by virtue of its powerful stimulant effect upon the sympathetic nervous system* that the derangement of the vagus nerve, causing the above mentioned symptoms, is overpowered." Mark that he mentions "its powerful stimulant effects upon the sympathetic nervous system." Further on he says, "inasmuch as belladonna has no stimulant action upon the vagus nerve, and therefore no influence upon respiration, no other result can be expected from the operation of belladonna, in a case of opium poisoning, than that which would follow its administration in any other similar case of depression of the cardiac and respiratory functions." That it is a powerful stimulant in any case of cardiac depression we are fully aware; but that it does not stimulate the respiratory nerves and quicken respiration we believe to be a great mistake. In the next clause Harley says: "As a cardiac stimulant, the dose (of atropia) should never exceed the ninety-sixth of a grain, repeated at intervals of an hour and a half or two hours," which is flatly proven to be incorrect by his own statement of the results of his second, third and fourth experiments, where he gave one-forty-eighth of a grain of atropia and the pulse was quickly increased 45, 32 and 17 beats in 10, 30 and 60 minutes respectively, in the first experiment; and 35, 35 and 30 beats in 15, 60 and 105 minutes respectively, a like result being shown also by the third experiment.

It will also be observed that Harley used, in those experiments, twice as much atropia as he should have done to antagonize the morphia. One grain of morphia is antagonized by about one twenty-fourth of a grain of atropia. Hence, as he used but one-fourth of a grain of morphia, he should, in order to have rendered his experiments valid, have used only one ninety-sixth grain of atropia. This fact, to my mind, proves that his experimentation is too inexact to be considered of any value in proving the point he claims to have established.

H. C. Wood,* one of the best authorities in the land on this subject, says "that the *medical value* of atropia in opium poisoning is, to my mind, a *completely established* fact." Again, he says, opium "kills, very generally, by its influence over the respiratory centres, and it is a *proven* fact, that in large doses atropia is a most powerful, and, as far as I know, the only known, direct stimulant to the respiratory centres;* and when it has been used in opium poisoning, it has been very commonly noted that improvement in respiration is the first, or among the first, results." I am satisfied that a careful examination of the cases herein reported will also prove the same fact.

Here we have brought forward the opposing opinions of two leading authorities, the merits of which I leave you to judge; and we turn now to refer to cases where poisonous doses have been given of the two drugs combined, and see what the results were.

In the cases related by H. C. Wood.† where he gave the two drugs together, hypodermically, the opposing influence of the drugs is plainly marked, and the cases are well worth perusal.

A somewhat noted case is one related by Frederic D. Lente.‡ of Cold Spring, New York, where, by mistake, nearly two grains of morphia and one-eleventh grain of atropia were given at the same time, hypodermically, to a feeble woman, who was suffering from "the effects of malarious fever, of three months' duration." "Half an hour after, the patient walked, with but little assistance," was taken to a friend's, one-third of a mile distant, "talking all the way quite rationally and composedly;" complained of nausea, but did not vomit; "pupils remained almost natural; pulse good; respiration rather slow." Later, she was comatose, and respiration reduced to 4½ per minute;§ pulse, 106°; skin natural in temperature and appearance; mouth and throat dry. Was given beef tea and whisky, per rectum, every half-hour. From this time there was gradual improvement, and on next day the patient was about the same as before the accident happened. Here we have a poisonous dose of both drugs, but not the extremely deep narcotism we would expect from the morphia alone, nor yet continued so long. On the other hand, we have not the wild delirium, paralysis of motion and sensation, vertigo,

* Amer. Jour. of the Med. Sci., April, 1873, p. 337.

* Italics mine.

† Loc. cit., p. 340.

‡ Compendium of Medical Science, July, 1873, p. 45.

§ This later action was evidently due to the longer continued action of the morphia, the effects of the atropia being more transient than that of morphia.

loss of vision, dilated pupils, suffused face, livid lips, rapid and intermittent pulse, which we would expect from the use of the atropia alone. The balance between the two drugs being nearly equal, left but few of the ill effects that would have been reasonably expected from either one, given separately or at different times.

Similar cases of the mutual counteracting influence of these drugs can be cited, but we presume it is not necessary, and so will turn our attention to the table of cases given.

One great difficulty in deciding the full and exact value of any agent in the treatment of opium poisoning, is, in deciding the lethal dose for a given case, and the fact that the methods of irritation, stimulation, electricity, etc., all look in the same direction, viz., the keeping of the circulation and respiration sufficiently high to prevent death. Any agent or means that will do this is valuable, even if of temporary effect; for the effects of either drug soon, or in a few hours, pass off. The evidence, therefore, in favor of belladona, or in fact any agent, or means, in the treatment of this accident, is mostly of a negative character.

(To be continued.)

Medical Societies.

MICHIGAN STATE BOARD OF HEALTH.

The State Board of Health held its quarterly meeting in Lansing, October 13. The members present were, Dr. H. O. Hitchcock, President; Dr. R. C. Kedzie, Rev. Charles H. Brigham, Rev. J. S. Goodman, Dr. H. F. Lyster, and Dr. H. B. Baker, Secretary.

Dr. Kedzie, chairman of the Committee on Poisons, reported that he had prepared a set of books of specimens of poisonous wall paper, with a printed introduction, to be distributed to the public libraries, and other public places. An eight page pamphlet has been reprinted from the introduction to these books, which will be distributed where the samples cannot be supplied.

Rev. J. S. Goodman, chairman of the Committee on Education in its Relation to Health, made an able report. He gave statistics relative to school-room diseases, such as near-sightedness, the influence of study and of confinement in an impure atmosphere in the production of consumption and other diseases, and the influence of a bad position of the body, caused by ill-planned school furniture.

The Committee on Legislation in the Interest of Public Health was authorized to take such action as they may deem for the best interests of the people, in memorializing the Governor and Legislature concerning the negligence of railroad employés, making such carelessness a misdemeanor.

Secretary Baker reported that of the appropriation for 1873, $272.15 was unused, and therefore remains a part of the general fund of the State.

Dr. Lyster read a continuation of his report on "Drainage for Health." The paper will appear in the annual report of the Board.

Dr. H. B. Baker reported further investigations in relation to cerebro-spinal meningitis.

The Secretary was appointed a delegate to attend the annual meeting of the American Public Health Association, to be held in Philadelphia, Nov. 10, 11, 12. He was directed to present, with the compliments of the Michigan State Board of Health, a copy of the book of specimens of poisonous wall paper.

Dr. H. O. Hitchcock was invited to prepare a paper on the work of Local Boards of Health.

The President and Secretary were authorized to purchase text-books, transactions, and periodicals, for the library of the Board.

Dr. Kedzie and Secretary Baker were appointed to confer with the Secretary of State in regard to the rooms which were to be assigned to the use of the Board in the new Capitol.

The Committee on Legislation was instructed to take such action as they may deem best to secure a compilation of the laws of Michigan relating, directly and indirectly, to the preservation of life and health.

THE NORTHAMPTON COUNTY (PA.) MEDICAL SOCIETY.

The Society met at Easton, October 19, Dr. A. K. Seem, the President, in the chair.

After the reading of the minutes, Dr. G. T. Fox, of Bath, and Dr. James O. Berlin, of Chapman's Quarries, were elected members of the Society.

The committee appointed at the last meeting, reported that they had published in the different newspapers, and distributed four hundred extra copies of the report of the Committee on Insane Poor at our County Poor House, and the reply of Dr. Green to the Philadelphia *Evening Bulletin*, read at last meeting.

The Secretary read a letter from Dr. Benjamin Lee, of Philadelphia, calling the attention of the Society to the resolution of the State Medical Society, asking for information in regard to location of the burying-grounds and cemeteries within its respective limits, as related to the springs, reservoirs, or streams on which the neighboring populations depend for their water supply, and to the importance of an active interest in the investigation on the part of the County Society.

The Secretary also read a letter from Dr. Clark, member of the Warren County Medical Society, of New Jersey, thanking the Society for the fraternal recognition of their Society by this Society.

A number of cases, of medical interest, were reported by the different members.

Dr. Traill Green then delivered an address on the Second Chapter of the Code of Ethics, or that part which refers to the duties of physicians to each other.

On motion of Dr. Seip, the thanks of the Society were tendered to Dr. Green for his able and profitable address.

After which a lively discussion ensued on the question, should patients call in a second physician before discharging or notifying the one in attendance, or without informing the second of the attendance of the first? This was considered as doing great injustice to both physicians, and was the cause sometimes of ill feeling between physicians, when neither of them was to blame. In this way the patient gets clear of all blame of the first physician.

Dr. Amos Seip was selected to deliver the address at the next meeting.

On motion, adjourned to meet at the same place on the third Saturday of January, 1875.

EDITORIAL DEPARTMENT.

PERISCOPE.

Amputation of the Uterus.

At a meeting of the Dublin Pathological Society, Dr. Sinclair related the following case:

A woman appeared at the dispensary very much bent, looking old, weak, haggard, thin, and anæmic, having all the appearance of a person suffering from advanced malignant disease of some internal organ. It was found, upon inquiry, that she was thirty-six years old, and had had five children, and that her last delivery occurred eight years previously. This delivery was stated to have been very protracted, and ever since she had suffered from repeated hemorrhagic discharges, and, in the intervals of these, from leucorrhœa. She complained of constant bearing down, and great and constant pain at the back of the pelvis; in fact, she was in a condition of complete misery. On examination, Dr. Sinclair found the vagina occupied by a tumor, and on endeavoring to trace it to its attachment, the finger came in contact with the wall of the vagina reflected, as it were, over toward, and continuous with the upper end of the mass, forming superiorly a *cul de sac* all round. No uterus could be felt upon making a supra-pubic examination, but, to make assurance doubly sure, a bent uterine sound was introduced into the bladder, and the index finger of the left hand up the rectum, when, on turning the concavity of the sound toward the sacrum, and raising the handle toward the pubes, the finger could be brought almost in contact with the sound, the tissues of the bladder, rectum, and perhaps a knuckle or two of the small intestines alone intervening; thus showing that the uterus was not *in situ*.

Upon further inquiry it was elicited that the woman had been delivered by a midwife, and that the placenta had not come away for more than two hours after delivery. No attempt had been made to remove it, but having necessity to evacuate her bladder, she rose for that purpose, and the placenta dropped into the utensil. She returned to bed very weak, and remained in that condition for a considerable time.

Dr. Sinclair came to the conclusion that this was a case of inverted uterus of long standing, or, as is improperly called, chronic inversion of the uterus. The other results of the examination were, profuse bleeding, considerable prostration, and much pain. It was necessary to administer cordials and opium. Perfect rest was enjoined for some days, during which period astringent lotions and styptics were used. Another examination was subsequently made, during which Dr. Sinclair attempted the taxis, but the manipulation was so painful, and the hemorrhage caused by it so profuse, that he soon abandoned the attempt, and determined to remove the uterus.

No more unfavorable case could, in Dr. Sinclair's opinion, have been presented for the operation, but the certainly soon fatal termination having been explained to her, and the bare chance of recovery by the removal of the tumor having also been laid before her, she cheerfully consented. Accordingly, by means of a Gooch's double canula, a strong whip-cord, well waxed, and thick enough just to fill the cylinders of the canula, the tumor was easily snared. The ligature was then tightened by the greatest amount of force that could be brought to pull on it, so that the uterus was completely strangled at once and forever. She bore the operation very well, did not complain of much pain, not nearly so much as when the taxis was attempted, and her pulse, when placed in bed, was 90. There was a considerable gush of bleeding when the ligature was being "brought home" and secured, but it soon ceased. The stomach was unaffected. She was placed on full doses of opium, and a light poultice was constantly retained over the abdomen. The bladder was carefully attended to, and perfect rest enjoined. Milk diet. The ligature was tightened at every visit, morning and evening, for four days, and the vagina syringed with tepid water. On the fifth day the mass was in a state of decomposition, and Dr. Sinclair then determined to remove it.

During these four days the patient complained of considerable tenderness about the hypogastrium, and much tension from tympany. Warm poultices and stuping was the only local treatment employed, but small doses of calomel and opium were administered at short intervals, so as rapidly just to touch the gums. These symptoms subsided and were nearly absent when she was placed upon the table, on the fifth day after the ligature was applied. Dr. Sinclair first tried the ecraseur. A piano wire was passed round the tumor, but it slipped over the surface of the tough but soft mass, and took off only a sliver from the anterior surface of the tumor. Another piano wire was then applied, but it snapped. Dr. Sinclair then did what he was sorry he did not do at first. By means of a valsellum the tumor was drawn down; the fingers of the left hand were passed along the canula posteriorly till they reached the furrow caused by the tightened ligature, and a little below this, by means of a uterine scissors, the mass was removed, with the exception of a very small portion below the ligature. The canula was now removed, but the whip-cord was not interfered with. In three days the ligature and remaining small portions of the slough came away. From that moment the woman made rapid progress; in ten or twelve days after the uterus was removed she was sitting up; and in less than two months she was completely altered in appearance. She was in good condition; comparatively fat; had a good color; looked much younger; was cheerful and happy. She left the hospital in perfect health.

On Blood Letting.

From an excellent article on this subject, in the London *Medical Times and Gazette*, by Dr. Benjamin W. Richardson, we extract the following:—

EFFECT OF BLOOD-LETTING FOR RELIEF OF OPPRESSION OF BLOOD IN THE HEART—CARDIAC CONGESTION.

There are cases of disease in which the right side of the heart of the patient, enlarged and enfeebled, becomes easily oppressed with the weight of blood, and fails to lift its charge freely over the pulmonic circuit. The symptoms under such circumstances are extremely severe. They are compounded of dyspnœa and syncope, with a sense of impending dissolution and oppression at the chest which is indescribable. The veins are tense of blood, the face livid. It was, I doubt not, in these cases that the ancients observed the strange phenomenon of the face of the sufferer becoming of natural color under the loss of blood.

A patient suffering from these symptoms, and who lived to reach the age of eighty-four years, was under my observation for several months. She suffered two or three times a year from attacks of cardiac congestion, which, according to her view, were asthmatical, but which were, in fact, due to that weakness and dilatation of the right side of the heart described above. When she was first afflicted she had been treated by the abstraction of blood, and with such success she would never allow any other treatment, when the paroxysm was more than usually severe, until that remedy had been resorted to. She had herself no fear whatever about the loss of the blood, and I knew her subjected to it three times in one twelvemonth. The abstraction of from six to eight ounces invariably brought her relief from the oppression, and "Now I breathe again" was her usual remark as her circulation was restored to its natural course, and her anxious, dark, congested face became clear and natural. This lady died, at last, from simple senile decay.

EFFECT OF BLOOD-LETTING IN PULMONARY HEMORRHAGE WITH HÆMOPTYSIS.

On June 11, 1852, Mrs. C., a woman approaching the climacteric, and who had not menstruated for two months, was seized, while walking out of doors, with difficulty of breathing and with vomiting of frothy blood. She was taken to her home at Barnes, and I, being then at Mortlake (near by), was soon in attendance. At the time of my arrival the patient had vomited eight ounces of red frothy blood; there was general and extreme dullness over the whole of the left lung, but the right lung was still clear, and she breathed by it with sufficient freedom to continue to live. Her face was dark and congested, she was nearly pulseless, and her extremities were cold. I had her feet placed in hot water with mustard added to it, and sent for my friend Dr. Willis, of Barnes, with whom I was at that time connected in practice. On his arrival, our opinion being the same, that Mrs. C. was suffering from sudden pulmonary congestion or apoplexy of the left lung, and that the hemorrhage was a sign of the congestion, we determined at once to abstract blood from the arm, and drew off three ordinary teacupfuls. On this a tendency to faintness of the patient occurred, but the symptom was trivial, while the relief to the congestion was immediate. The breathing became freer, the hemorrhage from the lung ceased, and there was reaction, followed soon by a free expectoration of bronchial mucus. In a word, the imminent symptoms, promptly met, were promptly relieved, and recovery, although retarded by an external perineal abscess, which held her back, was completed during the ensuing month of July. In no case I have recorded was the immediate good effect of blood-letting more marked than in this case. It was as distinctly recognized by the patient herself as by us who were ministering to her relief.

EFFECT OF BLOOD-LETTING IN APOPLEXY.

In 1870 I was called by my friend and neighbor, Mr. Roberts, of St. John's-wood, to see a gentleman of middle-age, who was lying in a state of apoplectic coma, with recurrent

convulsion. The patient was unconscious, his breathing was stertorous, and his temperature, which had been high, was beginning to fall. His bronchial tubes and trachea were loaded with fluid, his eyes were fixed, and his pupils were contracted. To our minds and to the minds of all who were present, this patient had not many minutes to live; but as we had permission, in the way of a last resource, to bleed, we carried out the practice of bleeding *pleno rivo*. A vein in the arm was freely opened, and the blood coursed out of the opening in full and high current. At first the blood was very dark in color, but when twenty ounces had been drawn it came over of a brighter color. The convulsions ceased, and the patient, for the first time in some hours, gave evidence of consciousness by coughing and spitting up freely the fluid that filled his trachea and bronchial tubes. When twenty-four ounces of blood had been taken, the pulse, which had previously been hard and resistant, became soft; the veins became less tense, and the pupils relaxed. The flow of blood was now stayed. The patient slept without stertor, and the next morning, when I visited him with Mr. Roberts, I saw him move from one bed across to another, and take part in changing his dress. He recovered from this attack with great rapidity, and felt the loss of blood so little that in a day or two he was able to leave the house.

Note.—I have thus brought together a list of examples of the effects of blood-letting in different kinds of disease. It is but right to admit that the examples are selected. They are selected by and with intent to prove that a remedy now feared and avoided, which held its ground for nearly twenty centuries with but one period of interruption (by Jacobus Psychrestus, in the time of Leo the Great), is still a remedy potent to save human life. I confess I have bled many times, and have not had the same good results as I have here recorded, but in these instances I have never seen occasion, with a single exception, in which, I think, it was resorted to too late, to suppose that the remedy had inflicted the slightest harm. On the other hand, I have many times not been permitted to take blood, and have seen the patients die when the only means that gave a hope of cure was at hand.

That in this, the most feebly endowed age in the whole history of physic, an age of placebo, the teachings of the fathers of our art should stand for nothing, unnatural fact as it is, is hardly strange. Placebo gratifies fashion, which is our master; ministers to luxurious ease of thought, which is our present weakness; and, so long as we have no informed critics, out of our ranks, to find fault with our work, passes for skillful fencing, even against death. Whether an art so simplified is as safe as it is pleasant is a question I do not wish to discuss; but of this I am certain, that in giving up blood-letting, as a means of cure, it sacrifices both skill and duty to ignorant prejudice and ignoble fear.

On Vesical Cysts.

The Edinburg *Medical Journal* translates, on this subject, the views of Dr. Josef Englisch. The author remarks the rarity of cysts in the small pelvis of men, as compared with the frequency of their occurrence in that of women, and gives six cases from his own experience, and a summary of thirteen cases drawn from the literature of the subject. Of the dissection of five of his own cases a careful account is given, while the sixth was simply examined, diagnosed, and lost sight of. The largest of the dissected cysts measured 2.3 ctm. by 1.2 ctm. Illustrative engravings are appended. Three of the cysts, situated in the middle line between the vasa deferentia, were pedunculated, the lower end of the peduncle being lost in the tissue between the ducti ejaculatorii; one was in connection with the right vas deferens; and the last, not pedunculated, unconnected with the vasa deferentia, and placed somewhat to the left of the middle line. The contents of the cysts were sero-albuminous, and the wall in some cases lined with flat epithelium. The author traces the origin of these small cysts to the remains of embryonic structures. Those pedunculated and central, he derives from the Wolffian bodies, and those more laterally placed from the ducts of Müller; or the latter may be processes from the vas deferens to which they are connected, their cavities having at one time communicated with that tube, such communication having been later obliterated, possibly by inflammatory processes. Unless they are very minute, such cysts, from their position, are said to be capable of causing difficult micturition in greater or less degree. Of the thirteen collated cases the result is only given of five; four ending fatally, and one in recovery. In seven the operative procedure is specified; and in two of these the result of such operation is not stated, omissions which greatly reduce the clinical value of the cases enumerated. Mr. Spence's case, above referred to, and one of Mr. Bryant's, are only two out of nine said to be hydatid, which can be accepted as having been undoubtedly so, as in these alone the gross and microscopic evidence of hydatids is noted. The rest of the paper is occupied with the symptomatology, diagnosis and treatment of cysts in this position. The tumor may fill the small pelvis, and pass a considerable distance up the abdominal cavity, and be perceptible to the examining hand above the pubis; unless very tense, it may be felt to fluctuate. The bladder is always, if possible, to be emptied as a preliminary to examination. Difficulty in passing the catheter may arise from narrowing of the urethra or alteration of its curve. The catheter, after introduction into the bladder, may be made to touch the anterior wall of the pelvis, but posteriorly it comes in contact with a rounded tumor, and cannot be felt per rectum. After puncture the cyst collapses, and difficulty in introducing the catheter disappears. Cysts of the posterior bladder wall are to be distinguished from: 1. Solid (especially fatty) tumors; 2. Diverticula of the bladder of various

size; 3. Hydrocele of the seminal vesicles; 4. A union of the vasa deferentia and their formation into one cyst (Hyrtl). The author possesses several preparations of a cystic condition of the incompletely obliterated urachus. The growth of a cyst is at first slow, but the result of inflammation, of itself or of structures in the immediate vicinity, is generally: 1. To render it more adherent; and, 2. To increase the rapidity of its growth, rendering its evacuation peremptory to relieve impeded micturition and defecation. The treatment indicated is puncture of the cyst per rectum, with or without the injection of a fluid; and where this is very difficult or impossible, as in Bryant's case, an operation resembling lateral lithotomy. Though the effect of a full bladder is to push the cyst toward the rectum, its evacuation if possible per catheter is recommended as a preliminary, after which, with the hand pressing on the lower part of the abdomen, to render the cyst tense, a trocar (preferably one of large size) is pushed into the tumor. This may have to be repeatedly done. The author finally recommends one of Holt's winged catheters to be introduced through the puncture, and left in the cyst as a drain for discharge. The fatality of this operation is, in the most instances, due to inflammation of the cyst, followed by peritonitis, or the latter may precede the former event.

The Value of Fresh Air.

Dr. Le Bow, of Paris, in a recent work on Hygiene, speaking of the Hygiene Respiration, observes that typhoid fever, anæmia, typhus, and dysentery are the diseases to which those who breathe an atmosphere insufficiently renewed are predisposed. If these individuals are wounded, they are rapidly decimated by purulent infection. Of all the facts that can be cited to show the danger to human life that results from inspiring air vitiated by the products of his own respiration, especially when debilitated by disease, none is more convincing than the mortality which occurs in our hospitals, and which can only be termed frightful when compared with that of foreign hospitals, where the system always adopted by us, of immense wards containing many patients, has been completely abandoned. In comparing the mortality of patients operated on during the wars of the Crimea and of the Secession, we see from the statistics of Chenu and of Woodward, that whilst the French army lost 73 per cent. of all operations, the English army only lost 40 per cent., and the Federal only 34 per cent. In this case it might be objected that the English and American wounded were, as has elsewhere in this work been stated, well fed, whilst the French were very badly fed. Insufficient food will always increase the bad effects of imperfect aeration, and it is difficult, perhaps, to assign to each the exact part that it plays. But in the example which follows, this reason cannot be invoked, for the patients were well cared for in time of peace, and in the most renowned hospitals.

In some statistics in which M. Lefort compared those who had suffered from the same lesion, amputation of the thigh, he arrived at the following results, which he communicated in 1868 to the Society of Surgery:—

In hospital containing	100	patients	25	p.c. died.
" "	200	"	31	"
" "	300	"	37	"
" "	400	"	40	"

In the hospitals of Paris there die 74 per cent.

It thus appears that the most dangerous fields of battle are less murderous than for a wounded man to take refuge in one of the hospitals of Paris, and it may well be open to question whether any advantage they afford can counterbalance a sojourn in these dangerous establishments.

On Spermatic Colic.

This curious affection deserves to be better known. M. Réliquet, as quoted in the London *Medical Record*, gives the following points of interest:—

Réliquet insists much on these facts in making the diagnosis; 1. That the first pain is produced suddenly at the time of coitus; 2. That subsequently every erection, or even every desire for coitus produces pain. They are, he says, the subjective symptoms. These combined with the objective signs, especially with the uniform swelling of the seminal vesicle, should lead to a correct diagnosis. Réliquet relates, in the *Gazette des Hôpitaux*, September 3d, 1874, the case of a hair-dresser, aged thirty-five, married, pale, thin, delicate, and exhausted-looking, who consulted the author on March 12, 1874. For several years he had often suffered, when at stool, from the emission of a small quantity of thick white liquid. For two months he had experienced pain, extending from the anus to the perinæum, on emissions during coitus or when emptying the bowels. The erect posture and walking provoked frequent micturition. Attempts to retain his urine caused acute pain and cold sweats. The pain lasted four or five minutes after urination. He lost desire to sleep. Venereal desires and erection provoked pain. During one month and a half he had passed small quantities of blood with his urine.

On March 12, a gum elastic bougie (French, No. 20) was passed easily into the bladder, but caused excessive pain in the deep part of the urethra. He was sounded for stone the next day, but no foreign body was discovered in the bladder. On examination from the rectum, the left vesicula seminalis was found swollen, hard, and smooth. It was painful on pressure. After the sounding, an attempt was made to pass the bougie once more, but the instrument was arrested at the neck of the bulb, and then withdrawn. After two or three minutes of extremely sharp cutting pains in the penis and the anus, the patient stooped down, and, emptying the bladder, expelled as many as forty small opaque white bodies, about the size of a small pin's head or a lentil. They presented

facettes and blunt angles, like prostatic calculi, but their consistence was soft, and they could be crushed between the fingers. To the naked eye, they appeared to be formed of a white homogeneous material devoid of any capsule.

After the passage of these bodies, the symptoms quickly subsided, and, on examining from the rectum on the third day, the left seminal vesicle was found of the same size as the right.

On March 27th the man had returned to his usual occupations, and only had to pass urine twice in the night.

Professor Robin, who examined the concretions, sent M. Réliquet the following report. The concretions, opaline, transparent, had a diameter of from one to two millimètres. Their substance, under the microscope, was marked by very fine and very short rectilinear striæ, parallel, closely approximated to each other. Acetic acid caused the striated condition to disappear, and rendered the substance quite translucent, and homogeneous. At the same time it demonstrated numerous spermatozoids rolled together in the concretions formerly marked by the striæ. Where the striation was absent or scarcely marked on the concretions, which were of various forms, such as M. Robin has shown in the vesiculæ seminales of many healthy individuals (Charles Robin, *Leçons sur les Humeurs*, Paris, 1874, 2d edition, p. 443), these bodies had the aspect of normal ones. They had similar reactions to acetic acid, reactions which were not only those of mucus. Their volume was enormous, compared with that of the concretions in normal vesiculæ, and their consistence a little greater. But they only represented normal corpuscles, which had accidentally attained gigantic proportions, and englobed the spermatozoids in the ordinary way.

The Question of Smoking.

In a paper on Tobacco and Public Health, Dr. Drysdale states that he has frequently seen grave evils arise from the use of Virginia and other forms of tobacco used in England. Thus, in one week in 1874, he saw two young men with almost complete loss of vision, the one from smoking about an ounce of shag daily for years, the other from chewing tobacco constantly. Dyspepsia, diarrhœa, and piles were, he conceived, often caused by the use of tobacco; and palpitation of the heart and functional disease of that organ were commonly met with in smokers, especially in young men of delicate health. Chronic smoking caused a peculiar aspect of the tongue; in some cases the organ appeared as if brushed over with nitrate of silver. Stomatitis and dusky fauces were common in smokers; smoking tended, unless great cleanliness were observed, to injure the teeth greatly; and, among the poorer classes, it was quite deplorable to see the filthy condition of mouth caused by addiction to tobacco in many instances. It was fortunate that women did not as yet use tobacco in England; for it was found, in the State tobacco factory at Iglau, in Vienna, that the female operatives who were suckling had their milk so impregnated with nicotine as to kill the infant in a large proportion of cases. Besides which, tobacco smoking contaminates the air of rooms and railway carriages, and is disagreeable to everybody, male and female, and not only to smokers. The use of tobacco favored paralysis of different kinds, paralysis agitans especially; and there could be no doubt in the minds of all who closely, and without prejudice, studied the case, that tobacco smoking was quite unlike tea or coffee; it was simply a vice, and not useful, but injurious to health.

The eminent Rev. Mr. Spurgeon has discussed, lately, another view of the subject. He says:—

I demur altogether, and most positively, to the statement that to smoke tobacco is in itself a sin. It may become so, as any other indifferent action may; but as an action it is no sin. Together with hundreds of thousands of my fellow-Christians I have smoked, and with them I am under the condemnation of living in habitual sin, if certain accusers are to be believed. As I would not knowingly live even in the smallest violation of the law of God, and sin in the transgression of the law, I will not own to sin when I am not conscious of it. There is growing up in society a Pharisaic system which adds to the commands of God the precepts of men; to that system I will not yield for an hour. The preservation of my liberty may bring upon me the upbraidings of many of the good, and the sneers of the self-righteous; but I shall endure both with serenity, so long as I feel clear in my conscience before God.

The expression 'smoking to the glory of God,' standing alone, has an ill sound, and I do not justify it; but in the sense in which I employed it I still stand to it. No Christian should do anything in which he cannot glorify God; and this may be done, according to Scripture, in eating and drinking, and the common actions of life. When I have found intense pain relieved, a weary brain soothed, and calm, refreshing sleep obtained by a cigar, I have felt grateful to God, and have blessed His name. This is what I meant, and by no means did I use sacred words triflingly. If through smoking I had wasted an hour of my time, if I had stinted my gifts to the poor, if I had rendered my mind less vigorous, I trust I should see my fault and turn from it; but he who charges me with these things shall have no answer but my forgiveness.

The Fungus of Alopecia.

M. Malassez, as quoted in the London *Medical Record*, states that this fungus, the *Microsporon Audouini*, is obtained by collecting the scales from the patches of alopecia. These scales, freed from grease, then washed in very pure absolute alcohol, and mounted in carbolic acid (1 in 100), showed unmistakable parasites made up of small spherical spores only. Three distinct types of these parasites can be made out. Those of the first type measure from 4 to 5 millimètres, have a double contour, and sometimes show buds with a simple contour; these are the large spores.

Those of the second part measure from 2 to 2.5 millimètres, have not a double contour, but may have buds; these are the small spores. Those of the third kind are less than 2 millimètres in diameter, have a single outline, and no buds; these are the sporules.

There are not any tubes, only little chains of, at the utmost, five or six spores. The spores of the first two varieties (both large and small) sometimes take the form of a more or less open C; these are the dead, empty spores, skeletons of spores. The sporules never present this appearance. The large spores and the sporules are grouped irregularly on the patches of epidermis. The small spores most frequently take the form of small chains. Finally, agglomerations or patches of these spores are observed, especially round the hair-follicles, which they surround like a border. The isolated spores are young colonies; seed sown here and there for future development. The patches are probably old centres of propagation. The spores are very seldom seen on the hair. When they are found there it is always on the surface of the shaft; they do not ever directly adhere to the hair, but to the neighboring epithelial cells. They thus form a more or less complete chain or ring round the hair, and undoubtedly take their rise from the cutaneous epidermis.

The hairs are sometimes discolored, atrophied, and brittle; but their structure is not sensibly modified, neither is the epithelium destroyed. Microscopic preparations of the skin clearly show that this parasite only locates itself in the most superficial parts of the horny layer; it frequently insinuates itself between the layers of epidermic cells which they detach mechanically in the form of scurf.

At the level of the patches of porrigo, near the orifices of the hair-follicles, the favorite habitat of the parasitic ring, the epidermis becomes considerably thickened, sometimes attaining fifteen times its normal thickness; in fact, a true *pityriasis pilaris* is developed, which interferes mechanically with the nutrition of the hair, strangles its growth, and destroys it by enlarging the follicle and producing desquamation, whence arises porrigo decalvans.

Secondary Traumatic Neuralgia.

At one of the meetings of the Medical Section of the French Association, recently held at Lille, M. Verneuil drew attention to a complication sometimes met with in wounds, which, without being very serious in its nature, yet is the cause of much suffering to the patient, and capable of delaying the process of healing. It consists in more or less severe pains felt in the wound itself and its vicinity, sometimes extending to a great distance, coming on a few days after the injury, and assuming an intermittent neuralgic character. They resist antiphlogistic and narcotic treatment, and yield readily to quinine. The pains usually come on suddenly, without obvious cause, and once developed they may become continuous or remittent, but usually take on the form of quotidian intermittent. Concurrently with these, there may be sometimes observed contractions, or a kind of powerlessness of the muscles, generally confined to the segments which are nearest the wound; as also vascular disturbances, which seem closely connected with the existence of the local pain, and which sometimes lead to the production of secondary hemorrhage. The surface of the wound sometimes retains its normal character, sometimes presents a diphtheroid aspect, and at others is the seat of phlegmonous inflammation. These changes are dependent on the neuralgia, as they very rapidly yield after the administration of the quinine. The details of the cases observed throw no light on the pathological character of any local changes that may have taken place, but they show that the production of this neuralgia is in intimate connection with the prior state of health and diathesic and moral conditions of those who become subject to it. The appreciation of these readily leads to its diagnosis and successful treatment.

The Treatment of Wounds.

At the last meeting of the British Association, Prof. Humphrey read an article on this subject. His remarks were:—

Cut surfaces seldom fail to adhere together and grow together, that is, to unite by first intention, if they be kept in apposition, however much they may have been exposed to air, as in wounds of the face, scalp, and fingers, where this may commonly be done. This, therefore, is the great desideratum. The obstacle to it is the accumulation of bloody fluid in the wound, keeping the surfaces apart, decomposing, and causing suppuration. No precautions hitherto have assured against this. Anything giving that assurance would be a most valuable discovery. The decomposition may be lessened sometimes, though not commonly prevented, by antiseptics, but fail to provide for escape by drainage. Professor Humphrey had long adopted the plan, which he had brought before the Association at the Cambridge meeting, in 1864, of approximating the edges by sutures, and leaving the wound quite uncovered and dry. No dressing being used, the pain of removing and reapplying plasters, etc., is avoided. This, combined with some antiseptic or blood-coagulator to the surface of the wound, and a space left for the escape of bloody fluid, was, he believed, the mode most likely, on the whole, to promote quick union of large deep wounds. He did not think that torsion of vessels or carbolized ligatures presented much advantage over the hemp ligature. A splint was an adjunct that might well be oftener used. He had tried the hydrate of chloral (five to eight grains to the ounce of water), and found it a valuable disinfectant, and recommended others to try it. In the case of wounds for the removal of cancer, he had for many years encouraged suppuration, and tried to retard healing, believing that this tended to delay the return of the disease. In some cases, he had inserted issues at the time of the operation or subsequently, and he thought with benefit.

He believed the administration of opiates to be generally prejudicial in the treatment of wounds.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——A new edition of the "Philadelphia Medical Register and Directory" is in preparation, under the editorship of Dr. Wm. B. Atkinson, 1400 Pine street. He desires notices of changes, new institutions, etc.

——Erysipelas, its treatment with sulphate of quinine, by Dr. Y. R. Le Monnier, reprinted from the New Orleans *Medical and Surgical Journal*, November, 1874.

BOOK NOTICES.

Transactions of the Medical Society of the State of Pennsylvania at its Twenty-fifth Annual Session, May, 1874. Philadelphia, 1874. pp. 454.

This volume embraces the results of a large amount of solid labor. Without undertaking to offer at all an exhaustive analysis of its contents we shall mention a few of the passages which have struck us most forcibly in perusing its pages.

The address on tracheotomy, by Dr. Thomas M. Drysdale, is one that condenses into a few paragraphs a series of hints and instructions on this operation which one may search for elsewhere in vain. The address in obstetrics by Dr. W. B. Atkinson, has already been analyzed in the Reporter. The instruction of deaf-mutes is the theme of an interesting paper by Dr. Laurence Turnbull. Dr. O. H. Allis calls attention to a practical point in the diagnosis of obscure diseases of the hip, in regard to the relation of the limbs to each other. A new operation for ununited fracture of the tibia is described by Professor W. H. Pancoast. It is by pinning the ends of the fragments together by means of an appropriate instrument. The same writer details a new method of treating intra- and extra-capsular fractures of the femur. The article on croup, by Dr. J. Solis Cohen, will be noticed as a separate publication hereafter.

The reports from the county medical societies are tolerably full. The State seems to have been generally free from epidemics. Cerebro-spinal meningitis prevailed in a number of isolated foci. The treatment of it was various and discrepant. In Allegheny county tincture of aconite and bromide of potassium were the favorites, while in Lancaster county Dr. Herr is "altogether in favor of the quinine treatment." Dr. Palm, of Allentown, relates an instance of the abortifacient properties of *asarum canadense*, a plant apparently popular for its ectrotic qualities in his neighborhood. Dr. Jackson, of Beaver county, gives the following as the best solvent for biliary concretions, gall-stones, etc., he ever knew:—

℞. Chloroform, Ether, āā ℥ss
Ol. terebinth, ℥j.
Sacch. alb., ℥ij
Mucil. acac., ℥ij. M.

Sig. Teaspoonful three times a day.

With this a milk and vegetable diet should be used, meat and fats shunned. Dr. Thomas Lyon, of Williamsport, reports a cure of an extremely bad case of onychia maligna by means of a recipe which he saw in the Medical and Surgical Reporter, the basis of which was nitrate of lead. Dr. Hiram Corson, of Montgomery county, defends with warmth and ability the occasional use of the lancet. His conclusions are very similar to those of Dr. B. W. Richardson, of London, which are given in this number of the Reporter.

The Breath, and the Diseases which Give it a Fetid Odor. With directions for treatment. By Joseph W. Howe, M. D. New York: Appleton & Co., 1874; cloth, 12mo, pp. 108. Price $1.00.

It is hard to tell whether this book is designed for the profession or the laity; it is too technical for the latter, too primary, in parts, for the former. The contents deserve perusal, however. A bad breath is a misfortune or an indecency, and in either case it ought to be gotten rid of. The author traces it to emotion, dyspepsia, bad teeth, buccal ulcers, catarrhal disorders and mineral poisons. He gives a number of prescriptions and useful suggestions. Traces of the most inexcusable carelessness are occasionally manifest; for instance, p. 36, *Cornus Florida* is given as the botanical name of sweet flag; p. 51, *Septothric bucollis* does duty for *Leptothrix buccalis*, and the latinity of the prescriptions is very generally faulty. Such negligence is the more disagreeable in contrast with the handsome type and paper of the volume.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, NOV. 7, 1874.

D. G. BRINTON, M. D., Editor.

The REPORTER aims to represent the Profession of the whole country, and not merely sectional or local interests.

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☞ **NOTICE. 1875.**

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PHYSICAL RELATIONS OF THOUGHT.

One constantly meets, in the medical and in the semi-scientific literature of the day, such expressions as "the brain, the organ of thought," "thought, the product of the brain," "without phosphorus, there is no thought," etc. For instance, a suggestive article in the last number of the *Journal of Mental Science*, on "The Mental Aspects of Ordinary Diseases," by Dr. J. MILNER FOTHERGILL, a writer of acknowledged reputation, contains the following passage:—

"Thought is the product of the cells of the gray matter of the brain, the result of a change of form in organic matter, taken into the system as food, of which acids and other products of oxidation, of retrograde tissue-metamorphosis, are the waste. These waste products of the brain are very similar to those which are found in muscles after much functional activity; the essential product evolved being a form of force, a variety merely, the one being muscular power, the other nerve energy. That nerve energy may go to the calling out of muscular effort, an athletic feat, a brisk row, or it may take the direction of the composition of a song or essay. In either case the result is the product of the combustion of what was originally food, which is evolved again in the form of force and waste, by means of the potent alchemy of the nervous system. In that marvelous crucible, the brain, fed by the assimilative processes, matter changes its form, and in the case of Robbie Burns transmuted his oatmeal porridge into Tam O'Shanter."

While in the license of the colloquial style one might use language of this looseness, in such an article as the one we quote it from it is quite out of place. It is a hasty assumption, and a dogmatic assertion of what we are indefinitely far from being sure about.

True it is that observers have demonstrated that intellectual exertion requires the metamorphosis of force, *i. e.*, nutrition, chemical action, increase of temperature in the brain cells, and electrical excitation. Very possibly they may some time be able to express such brain action in quantivalents of other forces; but even that would tell us neither anything of the intimate

nature of thought, nor at all explain the peculiarities of its laws.

How an impression upon the periphery of a nerve becomes transformed into a *sensation*, is, as Professor Huxley remarks, "utterly unknown to us." Still less is it known what nature of process is that by which sensations, variously grouped and recalled by external chances, produce an *emotion*. Incomparably more obscure is the character of self-conscious intellection. Regarded as the result of chemical action, equal quantities of this action produce results as different as Tam O'Shanter and a tedious street song, or as Newton's generalization of the law of gravity and a jockey's successful horse trade. A wholly different measure of value must therefore be applied to thought from that applied to other forces. No imaginable quantity or quality of heat and phosphorus guarantees a *true* idea, and not a false one; for this characteristic that we call *truth* is the only test of the energy of an idea, be it in the shape of a poem, a drama, or a hypothesis.

It is well known, too, that the laws of right thinking, though well ascertained, are yet merely *purposive*, and not necessary or authoritative, as are the laws of all other forms of force concerned in brain action. Hence a science of thought in the ordinary sense of the term, that is, based on an induction of facts, becomes, and is, wholly impossible. The laws of thought are more honored in the breach than in the observance, yet their actuality cannot be questioned. Hence, again, brain action gives rise to, or leads to a sense of the presence of, a force different in quality as well as quantity from any other known to us.

There is not the faintest reason to suppose that this force (to call conscious thought by that name) is produced or aroused, *only* by cerebral action. Not a tittle of evidence in this direction has ever been adduced; and if the contrary is not known either, the prudent writer will avoid committing himself positively.

One analogy is obvious, however. While all the terrestial manifestations of the other forms of force—light, heat, electricity, magnetism, chemical action—are, we know, but infinitesimal examples, and the palest reflexes of those mighty exhibitions of them which fill and form all this universe, it were indeed a most strange exception, one entirely inadmissible unless backed by the fullest proof, to find that the highest of all force-form, thought, is confined to man! Doubtless, like all the others, it is coextensive with creation, limitless like it, and the brain merely brings the body into cognizance of it; not unlike the floating particles of matter, which, rising into a sunbeam, scatter its light and make it visible; while we, as when we look at the blackness of stellar space, we are apt to mistake that for utter darkness which is merely the perfect transparency of light, not remembering "the invisibility of the agent which renders all things visible" (Tyndall, "Dust and Disease"), are in danger of supposing the confused ideas of our own brains exhaust the Intelligence of the Universe.

Notes and Comments.

Sub-Periosteal Amputation.

Prof. Houze de l'Aulnoit, of Lille, has a late suggestion on this operation. His system of operating in cases of amputation consists in substituting for the old method an entirely new one, to which he has given the name "la Périostéotomie," which means as follows: "After the first incisions and flaps, say of a thigh, have been made by the operator, and properly retracted by the hands of an assistant, instead of the usual direction given in all surgical works and lectures, "with another sweep of the knife divide the periosteum," he advocates the dissection upward, by means of a bistoury, of the periosteum, and the formation of flaps of the same, so that when the limb has been removed these flaps can be made to form the immediate covering of the bone. Dr. Aulnoit advocates especially his system of "Périostéomie" because the periosteum having, in health, been in intimate connection with bone, becomes not only a bone protector, but also a bone-growth promoter (if I may be allowed the expression),

after such an important operation as the amputation of a limb.

Dr. Aulnoit gives interesting details of many cases from the battle-fields of the late war, as well as many others, in support of his new theory, which he is sanguine may be adopted everywhere.

Treatment of Pruritus Vulvæ.

La France Medicale gives the following recipes:—

Alum lotions may be prescribed according to the following formula:—

℞.	Alum	℥j
	Barley water	℥xvj. M.

For a lotion to be used three or four times a day M. Harding frequently employed the following:—

℞.	Corrosive sublimate	gr. xv
	Distilled water	℥iij
	Alcohol	q. s. M.

A spoonful in a glass of tepid water. Care should be taken to avoid rubbing the parts when using this lotion.

In the pruritus which so often accompanies pregnancy, Danyau employs the following:—

℞.	Oxide of zinc	℥j
	Borax	℥ss
	Simple cerate	℥ss
	Almond oil	q. s.
	Hydrochlorate of morphia	gr. iijss M.

M. Bazin prescribes this liniment:—

℞.	Lime water	
	Glycerine	āā ℥j
	Almond oil	℥ij. M.

He also advises the following formula:—

℞.	Glycerine	℥v
	Laudanum	℥j
	Essence of roses	gtt. v. M.

Cauterization of the Cavity of the Uterus.

Mr. Rawson, of Dublin, says, in the *Irish Hospital Gazette*:—I use a very simple and handy instrument in cases where I wish to cauterize the interior of the uterus. A silver catheter has the top taken off, and the edges carefully beveled slightly inward; the stilette is long enough to project about two inches; round the projecting part is carefully wrapped cotton wool, so that it can be pushed through the catheter and will not remain behind in the womb. Dr. Lombe Atthill has very clearly described how to do this (*vide* Braithwaite's Retrospect, vol. 69, p. 352). The patient lying on her back, I feel the os with the tip of my forefinger, and along this finger direct the catheter into the uterus, the cotton wool part of the stilette not reaching further than the eye of the instrument. On reaching the fundus, the stilette is pushed out while the catheter is withdrawn till it comes back to the os, when the stilette is withdrawn inside the catheter and the entire instrument removed. The cotton wool is saturated with whatever caustic I wish to use. This dispenses with the necessity of employing a speculum.

Mediæval Superstition.

The increased longevity of later times is less owing to improved therapeutics than improved hygiene. Dr. Lyon Playfair says, in a late paper read at Glasgow:—

When the Egyptian, Greek, and Roman civilizations expired, with their baths and divine maxims about ablutions and purifications, dirt reigned for a thousand years. Not a man or woman in Europe ever took a bath; hence the spotted plagues, the black deaths, the sweating sicknesses, the dancing manias, the mewing manias, and biting manias that ravaged the people and cut off, in the Middle Ages, one-fourth of the entire population. Religion came to the aid of dirt; the more filthy a saint was the more saintly he was considered. Some of the hermits never changed their clothes, and only combed their hair once a year. St. Anthony never washed his feet, and St. Thomas a'Becket's under garments acquired an additional sanctity from the vermin they contained.

Nervous diseases, the result of superstition, were frequent, and often attributed to demons. An interesting work lately published by Dr. Legué, of Paris, on the subject of possessed nuns of Loudun, aptly illustrates the words uttered by Paracelsus, when, three hundred years in advance of his time, he said, "Yet before the world comes to an end, a great number of effects now supposed to be supernatural will be explained by strictly physical causes." M. Legué shows, after studying and abstracting a number of curious documents relative to the unfortunate Ursulines of Loudun, that their confessions of demoniacal possession were simply due to peculiar forms of hysteria. The Abbess of Loudun, in particular, showed all the characteristics of the demonopathic epidemic, and whilst, according to her own account, under the sway of the devils Asmodeus and Balaam, showed the

names of Mary and Joseph in bleeding letters on the back of the left hand. Another time she asserted that she was wounded at three points of the left side, whence demons issued from her body. This book contains fresh confirmation of that principle which maintains that pathology becomes changed with the flight of time. This principle, true in regard to all diseases, is especially so in relation to epidemic nervous disturbances, which borrow a portion of their characteristics from the state of contemporary manners and beliefs. A striking proof of this assertion may be found by comparing the story of the demoniac possession at Loudun with the last epidemic of the kind at Morzine, in which his Satanic Majesty is reported to have shown himself "more reserved than he had ever previously been."

On Muscarine.

Scarcely five years ago two investigators, Drs. Oswald Schmiedeberg and Richard Kopp, of Dorpat, published the singular effects of a new alkaloid obtained from poisonous mushrooms, and especially from the *Agaricus Muscarius;* whence the name of muscarine which they have given to this poison, and which has just been the subject of a recent communication by Dr. Prevost, of Geneva, to the Société de Biologie.

This young and learned physiologist has shown that when muscarine is injected into the veins of an animal, the heart is arrested in its diastole. The action of this poison is so much the more remarkable, since in such a case the heart is not dead, nor even paralyzed, and its contractions can be aroused after several hours' silence.

The Ultimate Atoms.

M. Wurtz, in a paper on the atomic theory, at Lille, last August, says:—

It is now admitted that the atoms are not motionless, even in bodies apparently fixed and in ready-formed combinations. At the moment when these are formed the atoms rush together. In this struggle we commonly remark a disengagement of heat, result of the expenditure of force which the atoms have lost in the fight, and the intensity of this calorific phenomenon gives the measure of the energy of the affinities which have presided over the combination. But there is something in the chemical phenomena besides the intensity of the forces which are engaged, and which are exhausted more or less by the disengaged heat; there is their fashion. The atoms of different simple bodies are not gifted with the same aptitudes for combination; they are not equivalent to each other. This has been called the atomicity, and this fundamental property of atoms is doubtless connected with the different kinds of movement with which they are animated. When these atoms combine with each other their motions have need to be co-ordinated reciprocally, and this co-ordination determines the form of the new systems of equilibrium which will arise, that is, the new combinations.

The United States Medical Directory.

The *Medical Press and Circular*, Oct. 7th, of London and Dublin, says of this work a few words, which we quote as showing how important a literary event it is deemed abroad:—

"Messrs. Bailliere, Tindall & Cox have just published a large volume, royal octavo, giving names, addresses, and qualifications of the medical profession in America. This is the first medical directory that has ever been compiled for the States, and upon opening its well filled and well-arranged pages, our only surprise is that such a go-ahead race as our cousins have the credit of being should have gone on so long without so valuable a book of reference."

The Antagonism between Chloral Hydrate and Strychnia.

Dr. J. H. Bennett, of London, has been experimenting on this subject. It appears to be established from these experiments:—

1. That, after a fatal dose of strychnia, life may be saved by bringing the animal under the influence of chloral hydrate.

2. That chloral hydrate is more likely to save life after a fatal dose of strychnia than strychnia is to save life after a fatal dose of chloral hydrate.

3. That, after a dose of strychnia producing severe tetanic convulsions, these convulsions may be much reduced, both in force and frequency, by the use of chloral hydrate, and consequently much suffering saved.

4. That the extent of physiological antagonism between the two substances is so far limited, that (1) a very large fatal dose of strychnia may kill before the chloral hydrate has had time to act; or (2) so large must the dose of chloral hydrate be to antagonize an excessive

dose of strychnia, that there is danger of death from the effects of the chloral hydrate.

5. Chloral hydrate mitigates the effects of a fatal dose of strychnia by depressing the excess of reflex activity excited by that substance, while strychnia may mitigate the effects of a fatal dose of chloral hydrate by rousing the activity of the spinal cord, but it does not appear capable of removing the coma produced by the action of chloral hydrate on the brain.

It is scarcely necessary to point out the vast importance of these results to practical medicine, and the indications they afford, not only in cases of poisoning by strychnia, but in cases of tetanus and other spasmodic diseases, reflex and central.

On Nicotine.

Nicotine is the neutral principle of tobacco, and is a vascular poison above all, but also a cardiac poison. If a small dose of nicotine be injected into an animal we notice first a retardation of the heart's action, and next, augmented pressure in the vessels. If the animal be opened, the vessels are found contracted. There is, in a word, enlargement of the vaso-motor nerves, and of the vessels, and also tetanic rigidity. When there is a strong dose of nicotine, we notice the inverse: the heart's action is notably increased, and there is complete relaxation of the vessels, depending on fatigue of the muscles of the vessels; the heart's action becomes accelerated, because then nicotine acts like atropine, by paralyzing some part of the suspending system. Ordinary smokers have palpitations, or slow pulse sometimes, 48 pulses per minute, with intermittences; extravagant smokers speak of palpitations with rapid pulse, 130, 140, 150 pulsations per minute.

The Cultivation of Castor Beans.

A California letter says of this crop:—"The method of gathering and preparing for market is as follows: Every day the ripe spikes are gathered by hand, put in sacks, and hauled to the 'popping-ground,' which is a space of about an acre, made smooth and hard, like an old-fashioned buckwheat threshing ground. Here the spikes are spread, and during the day they pop open, from the heat of the sun, throwing out the beans. Each morning the straw is raked off, the beans shoveled up, cleaned in a fanning mill, and sacked, ready for market. By the time the field is once picked over it is ready for another picking, like cotton, and the season, commencing in August, is not yet over. The yield is estimated at fifteen hundred pounds per acre, worth four cents per pound, or a gross yield of $60 per acre. The expense of cultivation, etc., is estimated this year at one-half this amount, but is greater than it probably will be another season, owing to inexperience and preparing new land. There is probably no crop so easily raised that will yield so large a return."

The Eucalyptus Globulus.

The Eucalyptus is not yet obsolete. Dr. Hirsch, on the strength of nine cases in which he has tried this remedy, gives his opinion that its power is little, if at all, inferior to that of cinchona. In all the cases the diminution of the spleen in size was evident. In most of the cases three or four teaspoonfuls of the tincture succeeded in arresting the next impending paroxysm.

A captain of the French army, according to *Science pour tous*, not being able to abandon the use of tobacco for smoking, although its use caused him serious inconvenience, has for several years mixed a few dried leaves of the *eucalyptus globulus* with the portion of the *weed* which he is in the habit of using daily. Since he has employed this mixture he asserts that he has experienced neither vertigo, headache, nor pain in the stomach. He recommends this means for preventing the disagreeable effects of the pipe, without compelling the individual to renounce his old habit.

Medical Report of the Austrian Polar Expedition.

According to Képesy, the surgeon to the Austrian Polar expedition, chocolate, as a beverage, proved most valuable of all; the preserved meat and vegetables in tins being also of the greatest service in sustaining the strength and spirits. Mental anxiety, however, caused by the hourly-apprehended crushing of the *Tegethoff* by the ice-fields in which it was imbedded, so far neutralized the virtues of the victualling that scurvy and affections of the lungs set in, and yielded only to the incessant bear hunting in which the officers and crew wisely indulged, to keep the faculties, moral as well as physical, occupied. The fresh bear's meat, as a change from the preserved, had also its advantages; but several of the crew succumbed, one of them being Krisch, the able

engineer, who died of consumption, and was buried between two basalt columns in the newly-discovered land.

The Object of Medical Studies.

Sir WILLIAM GULL, in his last introductory lecture, made the following pregnant remark:—

"To repeat, the end of medical studies is not to satisfy the ignorant, but to satisfy the requirements of science. I am conscious how unequal we are to this, but we need not be unequal to the duty it imposes. With all care you will find it difficult to keep the mind even to its duties under the disturbing influences which are necessarily associated with human suffering. He does well

'Who, when he is to treat
With sick folk, women, those whom passions sway,
Allows for that, and keeps his constant way.'"

Egyptian Medical Art.

From an Egyptian medical papyrus of the 16th century before Christ, lately translated by Professor Ebers, it appears that even at this remote period Egypt stood in political and commercial relations with the neighboring States of Western Asia; and the Ebers papyrus teaches us further that there already existed an interchange of thought and knowledge. Not only a vast number of medicaments procured from Asia are alluded to, but we find also *recipes* borrowed from a celebrated physician of the town of Byblos, in Phœnicia. Other *recipes* are derived from older writings, as, for instance, *The Book of the Wisdom of Men*. The typographical reproduction is the work of the printers Giesecke and Devrient.

Pure Water.

It cannot, says a recent writer, be too widely known that uncontaminated deep spring or subterranean water, so abundantly, so readily, and so cheaply obtainable from copious stores treasured up in capacious natural reservoirs, is found free from all living vegetable or animal productions, and from all putrescible organic matter. We endorse his remark that we must all hope to see the time when our towns, ceasing to be supplied with the waters of rivers or lakes, will derive their drinking-water wholly from deep springs.

In the United States altogether too little attention is paid to the character of drinking water. Not a single city, we believe, filters its water before using.

CORRESPONDENCE.

Hemorrhage in Malarial Fever.

ED. MED. AND SURG. REPORTER:—

I find, in the 22d of August number of the MEDICAL AND SURGICAL REPORTER, an article in reference to Sir James Paget, M. D., who first called attention to the fact that carbonate of ammonia greatly increases the therapeutic action of iodines. I have, ever since 1859, used the following hæmostatic preparation as the *linimentum ammoniæ iodidi:* I rub iodinii ʒiij and ammonia iodidi ʒij in a glass mortar, and gradually dissolve it in chloroform ʒx; to this I add olivæ olei ʒx, and also glycerinii ʒv, mixing the liniment well together.

The action of this iodine and chloroform liniment is soothing to the skin; in that form the iodine is prevented from evaporating, owing to the combination of chloroform and glycerine, the former being a more powerful absorbent than the latter, as recent researches have proved, and we obtain its well-known action, in whatever part of the body, when we desire a considerable degree of absorption. J. B. C. GAZZO, M. D.

Thibodeau, La.

The Introductory Lectures.

ED. MED. AND SURG. REPORTER:—

As one advances in years he is less and less apt to attend introductory lectures, but the writer has been tempted to attend three during this season. The first was an introductory to the course at Jefferson College, by the newly-elected Professor, Wm. H. Pancoast, a worthy successor to his father, the great surgeon of Philadelphia; for he is truly great; no man can show such a record of successful operations in this or any other country; long may he live to enjoy his well-earned fame. His son, the young aspirant, is zealous and full of enthusiasm, and in love with his profession. He is an excellent surgeon, and the matter of his lecture was good, and well received by an immense audience. He has evidently the love of the juniors, and inside the space was filled by our most distinguished physicians and many of the foremost men of the city. The second was by Prof. Alfred Stillé, in the new hall of the University of Pennsylvania, recently completed in West Philadelphia. The room was crowded, and we noticed with much pleasure a delegation of the professors and lecturers of the rival schools of medicine, while there was also a large representation of the chief medical men of the city and many from the surrounding country. The lecturer began his discourse by a history of the movement which led the University to sell their old building to the U. S. Government for a Post-office, and then he dwelt upon the great advantages gained by the removal. He then passed to the science and art in medicine, and the importance of a true study and devotion to it, summing up the advantages in a moral, social and pecuniary reward. It was a true scholarly production and reflected

great credit on its learned author. The third lecture was by Dr. W. W. McClure, ophthalmic surgeon to Wills' and the Presbyterian Hospitals, delivered in the old lecture room in Chant street. The room was crowded to suffocation, and we noticed many of the élite of our profession and several surgeons and teachers of ophthalmology. His subject was the ophthalmoscope, its theory, history, and present use, not only as a means of diagnosis in special diseases of the eye, but its application to general medicine. The electric light was employed in the demonstrations, and the theoretical portion of the lecture was most completely illustrated by beautiful lenses, illuminated eyes, sections of diseased structures, etc , thrown upon the screen, and, altogether, it was as complete a lecture on the subject as is to be had in London, Paris, or Vienna, and reflects great credit on the lecturer.

Yours, etc., L. T.

Philadelphia, Oct. 20.

News and Miscellany.

Greek Medical Jokes.

The Attic wit, Hierocles, tells some stories of ancient Greek doctors and their patients. One of the latter, overwhelmed with gratitude for his recovery, slipped out of sight on seeing his physician approaching. "'Tis some time," said he, in explanation, "since I have been sick, and really I am ashamed to be seen by him." The next is a better example of *mauvaise honte.* A doctor gave up a Cumæan patient, who, however, recovering, shirked the doctor. To the latter's inquiry for the reason, the patient said, "Why, you said I was dying, and so I am ashamed to be alive and well." This has its counterpart in modern days, when a physician said to a conscientious consumer of his physic, "Ah! my dear sir, you deserve to be ill." Gratitude to the Greek practitioner, however, was not always a well-founded sentiment, if he resembled the Cumæan surgeon, who, operating on a patient who screamed out with pain, exchanged his knife for a blunter one. It must, we suspect, have been the same operator who, having dressed a scalp wound, laid the patient on his back, and poured water into his mouth to see if the plaster was water-tight. To another of these practitioners a patient complained that he could not lie down, nor sit, nor stand without pain. "There is nothing left for you, then," said the Greek Abernethy, "but to be—hanged."

Philadelphia County Medical Society.

A Conversational meeting of the Philadelphia County Medical Society will be held Wednesday, November 11th, at 8 o'clock, P. M. Dr. H. Lenox Hodge will read a paper; subject, Excision in hip-joint disease. All regular practitioners in the city are invited.

The American Public Health Association.

This Association meets next week, November 10th, 11th, and 12th, in this city, and should command the earnest attention of all scientific men. Free discussion of the subjects brought before it is invited from both medical and non-medical men. The evening sessions will be held in Horticultural Hall, and numerous papers will be read, of interest to educators and the public generally. Our readers will find it both pleasant and profitable to attend.

The "Man of the Fork."

The young man who swallowed a fork last winter, in Paris, for a wager, and who is known there as the "homme à la fourchette," is, according to latest accounts, doing as well as can be expected, and suffers no inconvenience from the presence of the fork in his stomach, except after a full meal, when he is obliged to bend himself a little to the left side, which position affords him relief. His health not being compromised in any way, M. Labbé, the surgeon who attends him, has resolved upon abstaining from any operative interference, at least for the present.

Items.

—Dr. George Hewston, formerly of this city, Professor of Theory and Practice of Medicine in the University of California, was, on the 9th of October, made one of the Supervisors of San Francisco, at the request of citizens who desired a man of high reputation to represent them in that important Board.

—On Friday afternoon, the 30th ult., Mr. J. Toole, the comedian, assisted by the English members of his company, generously gave an entertainment at the Insane Department of the Philadelphia Hospital, for the amusement of the unfortunate inmates and their attendants.

MARRIAGES.

BURNS—CORSON.—On October 29th, 1874, by the Rev. B. Villiger, of the Church of the Holy Family, Wm. A. Burns, M. D. and Mamie F., youngest daughter of Captain Stilwell Corson, all of this city.

DEATHS.

MORONG.—On 30th of October, 1874, of yellow fever, Dr. Joseph F. Morong, Jr., aged 27 years, son of Dr. J. C. and Mrs. E. Morong, Philadelphia; was taken with a sudden attack of yellow fever, in Charleston, S. C., and died within twelve hours.

MACKIE.—In New Bedford, Mass., October 9th, of membranous croup, John Bradford, aged 5 years, and on October 27th, George Henry, aged 12 years and 11 months, oldest and youngest children of Dr. John H. Mackie, of that city.

KNAPP.—In the Marine Hospital, at Pensacola, 5th of August, of yellow fever, Moses Long Knapp, student of medicine, only son of Dr. M. L. Knapp, of Cadereyta, Mexico, aged 20 years. He was preparing to attend lectures in Jefferson Medical College the approaching session.

THURMAN.—At Cedarville, Mo., on Sunday, the 4th inst., of dysentery, Allee Orbal, only son of Dr. John L., and E. L. Thurman, aged 14 months and 26 days.